District (if applicable) District (if applic	2002 CAMPAIGN CONTRIBUTIONS AND EXPENSES	State of Nevada
Report #1 — Due August 27, 2002 Office with a 2-year term Period: Jan. 5, 2001 — Aug. 22, 2002 Office with a 2-year term Period: Dec. 0, 1996 — Aug 22, 2002 Office with a 2-year term Period: Dec. 0, 1996 — Aug. 22, 2002 Office with a 2-year term Period: Dec. 0, 1996 — Aug. 22, 2002 Office with a 2-year term Period: Dec. 0, 1996 — Aug. 22, 2002 Office with a 2-year term Period: Dec. 0, 1996 — Aug. 22, 2002 Office with a 2-year term Period: Dec. 0, 1996 — Aug. 22, 2002 Office with a 2-year term Period: Dec. 0, 1996 — Aug. 22, 2002 Report #2 Due — October 29, 2002 Period: Aug. 23, 2002 — Oct. 24, 2002 Report #3 Due — January 15, 2003 Period: Oct. 25, 2002 — Jan. 3, 2003		enate 2
Telephone No. E-Mail Address POERSTY	Name (print) Office (if applicable)	
Report #1 — Due August 27, 2002 Office with a 2-year term Period: Dec. 20, 1998 — Aug 22, 2002 Office with a 6-year term Period: Dec. 20, 1998 — Aug 22, 2002 Office with a 6-year term Period: Dec. 5, 1998 — Aug 22, 2002 BAGS only: Period: Dec. 7, 2000 — Aug 22, 2002 Report #2 Due — October 29, 2002 Period: Aug. 23, 2002 — Oct. 24, 2002 Report #3 Due — January 15, 2003 Period: Oct. 25, 2002 — Jan. 3, 2003 BAGS only: Period: Oct. 25, 2002 — Dec. 5, 2002 BALANCE This figure should reflect the balance shown on your last Disposition of Unspent Contributions Report, or last Contributions & Expenses Report, if any **Contribution** means a gift, loan, conveyance, deposit, payment, transfer or distribution of money or anything of value other than the services of a volunteer received. (NRS 294A.007) 1. Total amount of monetary contributions of \$100 or less Actual number of monetary contributions of \$100 or less Actual number of monetary contributions of \$100 or less Actual number of monetary contributions if any 4. TOTAL AMOUNT OF ALL MONETARY CONRIBUTIONS (add lines 1 through 3) 5. Total amount of In Kind Contributions EXPENSES SUMMARY 6. Total amount of monetary expenses in excess of \$100 7. Total amount of monetary expenses in excess of \$100 7. Total amount of monetary expenses in excess of \$100 8. Expense for filing fee 9. TOTAL AMOUNT OF ALL MONETARY EXPENSES (add lines 8 through 8) Remaining Balance (Subtract line 9 from 4) 10. Total amount of In Kind Expenses AFFIRMATION	Mailing Address (include city and zip code)	
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